HEDULE 5-E MIZED INDEPENDENT EXPENDITURES				PAGE 7	PAGE 7 OF 24		
				FOR LINE 7 OF FORM 5			
ME OF FILER (In Full) anned Parenthood Action Fund of Santa Barbara, Ventur	a and San Luis Obispo C	Counties					
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Full Name (Last, First, Middle Initial) of Payee Square One Consulting, LLC			Date				
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Purpose of Expenditure	Category/	Office So	ught:	House	State: <u>CA</u>		
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Sacramento , CA 95814		1.2.	drawn iid	Salatta dalen 🚓	ni mi un ilai.		
Purpose of Expenditure	Category/	Office So	ught:	X House	State: CA		
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(a) SUBTOTAL of Itemized Independent Expenditures		į į			561.24		
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(b) SUBTOTAL of Unitemized Independent Expenditures			, == 1, == 1	inangraay nagra	Albert Library of Sept. Transfer.		
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(c) TOTAL Independent Expenditures		gar.	March and	n a para para pa	entrest responsibles		
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